Sixty-four, or 84 per cent of the 76 persons with pathology were referred to 36 different private physicians and 12 persons, or 16 per cent to clinics.

The total cost of the 5,611 examinations was $2368.18, or 42 cents per person.

The cost of discovering each of the 76 persons needing medical attention was $31.16; the cost of finding each case of active tuberculosis was $87.71.

REPORTS TO EMPLOYEES AND EMPLOYERS

Considerable care needs to be taken with regard to reports on these examinations. These are regarded as confidential and only the employee concerned is given the findings on his own examination.

This is usually the understanding with the employer at the start. If the employee has tuberculosis and refuses treatment, the matter is then in the hands of the City Health Department for adjustment.

THE PROBLEMS OF TUBERCULOSIS ARE SOCIAL AS WELL AS MEDICAL *

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SUPPORTED with the findings revealed through a study conducted in Los Angeles County, we have tried to demonstrate the need for medical social case work in the care of tuberculous patients.

The problems which face the tuberculous patient are social as well as medical. Tuberculosis implies long term medical care and disability, total or partial. Chronic illness affects a patient psychologically. It changes his financial and social circumstances. The news itself is frightening. More often than not he needs aid in removing obstacles that stand in the way of his accepting the doctor's recommendations for treatment. Too often he rationalizes to the effect that perhaps he does not have tuberculosis, and seeks verification of his wishful thinking through some other doctor, not always a doctor of medicine. Or, he decides he is not really sick enough to inconvenience his family economically as yet, and drags on.

If these people are worthy of the expense of diagnosis and appropriate medical care, involving long-term sanatorium care, they are also worth the expense of proper social care. This should include a consultation service and guidance if the patient wishes, from a well-trained medical social worker. If this is offered at the time the medical diagnosis is made, it will help to adjust difficult social situations during the waiting period for sanatorium care, and is likely to bring him to the sanatorium in a more hopeful mental attitude. Social care should run concurrently with medical care.

In the Los Angeles County Health Department, we have had since 1927 a small staff of medical social case workers for the purpose of helping patients with other problems arising out of their need for medical care. It is department policy to offer each patient the opportunity of an interview with a trained medical social case worker, at the time of a positive diagnosis for either tuberculosis or venereal disease.

The aim of the medical social worker in this first interview with the patient is to find out how the patient has accepted the diagnosis; what it will mean to himself and his family; whether he understands the examining physician's recommendations; whether he expects to carry through on the recommendations; whether he wishes help in developing a plan of care; whether care can be arranged through private medical practice, or whether it need be arranged through other community resources or through the services of the County Health Department. This application of medical social work skills at the point of medical diagnosis and recommendations for care, when the patient is faced with the reality of the problems created by the discovery of a potentially disabling communicable disease, is of value to the patient. It is equally as important to the administration of the public health program and to the future medical economics of the community which eventually pays the bill for the neglected chronic, disabling diseases.

Recently, the Los Angeles County Health Department completed a study of 162 patients who had a positive sputum as of June 30, 1940 and were residing at home. The objective was to understand why these patients were not under institutional care. Of the 162, about 83 per cent (134) were eligible under the provisions of the California Welfare and Institutions Code for county institutional care. Of the total, 24 or about 15 per cent had been recommended for, and were awaiting sanatorium placement; 138, or about 85 per cent, were not being recommended for institutional care. An analysis of the "reasons" why placement was not recommended by the attending physician at this time showed the following:

	Patients	Percentage
Available care at home considered satisfactory from a medical standpoint	78	56.6
Patient unwilling to leave family group	18	13.1
Ex-sanatorium patient, unable to adjust to institutional care	12	8.6
Patient fears recommended surgery and medical care for which he was referred to sanatorium	18	13.1
Patient unwilling to comply with the provisions of the California Welfare and Institutions Code	4	2.8
Patient unwilling to accept diagnosis of tuberculosis	6	4.4
Patient feels there is racial discrimination at the County Sanatorium	1	0.7
Reason not given	1	0.7
Total	138	100%

*Read before the California Tuberculosis Association, Los Angeles, April 10, 1942.
Abstract.
Health Officer, Los Angeles County.
Copy of complete paper may be secured from California Tuberculosis Association.

The group of 78 patients for whom home care was considered satisfactory *medically,* was composed of those receiving pneumothorax in the Health Department chest clinics; those whose condition was more or less chronic, for whom no special institutional care was prescribed; and those whose condition was so far advanced, even to the terminal stage, that institutional care was not considered essential to benefit the patient.

The remaining 60, or *43.4 per cent,* with one exception, had reasons of a *social* nature for not accepting institutional care.

Another problem of the tuberculosis control program results from patients who leave institutions against medical advice. This is partially controlled during the infectious period by serving an isolation order on each infectious patient institutionalized. With the passing of the infectious period this order must be rescinded by the public health department, and the patient retained, if at all, by persuasion.

Reasons given by patients leaving the institution against medical advice included:

Fear that the wife or the husband at home is "stepping out" with someone else, and in order to prevent family disintegration the patient thinks it important to return home.

Fear that the adolescent daughter at home is not being properly "supervised," or that the adolescent boy at home is "getting into trouble."

Fear of accumulating institutional indebtedness in spite of assurance that he will not be pressed for payment until financially able.

Dissatisfaction with the food, housing, or general care offered in some institutions, accompanied with much resentment toward the Health Department for removing the patient from a home he believes far more satisfactory than the institution to which he was sent for purpose of "getting well."

In many instances the reasons given by the patient are based on his emotions which have been so agitated by his experience that intellect has been almost entirely submerged. There is a real need for a wider use of intelligent social treatment to prevent the development of these problem cases.

At this time when man-power is at a premium, it is our bounded responsibility to supplement modern case-finding endeavors, and excellent medical care, with a carefully planned and executed social treatment program.

"Education of the people, and through them of the state, is the first and greatest need in the prevention of tuberculosis," said Dr. Edward Livingston Trudeau, first president of the National Tuberculosis Association.

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The tuberculosis germ has been the target of more clinical and biological research than any other microbe.

' ' '

The health of a community can be bought with dollars and cents.

THE MEDICAL SOCIAL WORKER IN A TUBERCULOSIS ASSOCIATION*

E. P. Von Allmen
Oakland

THE Tuberculosis Associations can perform a valuable service to the community by having on the staff a full-time, well qualified medical social worker.

QUALIFICATIONS OF WORKER

This worker should be chosen with regard to maturity, poise, personality and training.

HER DUTIES

This worker's services should be freely available—to the private physicians of the community who wish her assistance in specific problems; and to any patient or individual who has a tuberculosis problem with which he needs help.

COOPERATION WITH PRIVATE PHYSICIANS

In our county there are 842 licensed physicians and surgeons. If I walk into the office of one of these men and he makes a diagnosis of tuberculosis in my case he has probably completed the immediate task before him. He will undoubtedly then recommend that I obtain sanatorium care.

The next move is up to me. But suppose I do not know where to go, how to go, how to pay for my care, what to do about my family while I'm in the sanatorium?

Obviously to answer all of these questions requires more time than the private physician concerned with my medical condition can give to these non-medical aspects of my case.

If, then, my doctor can call the office of the Tuberculosis Association, and refer me to a well qualified medical social worker who knows or can find the answers to my non-medical problems, he has been helped, I have been helped and the Tuberculosis Association has rendered us both a constructive service.

In Alameda County about 45 per cent of our cases are referred to us by private physicians. These physicians know the social worker personally, the program of the Association and what they may expect in the way of assistance from the Association.

The medical social worker is prepared by training and experience to act with the doctor as an interpreter to these troubled families, and to assist in the reorientation of the family group to the changes with which tuberculosis has confronted them. Specifically, she will find out what problems, financial, special or even psychological have been presented by the diagnosis to the family unit as represented by the doctor's patient, and it will test her skill to help the patient and family over

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* Read before the California Tuberculosis Association, Los Angeles, April 9, 1942.
Abstract
From the Alameda County Tuberculosis Association, Oakland, California.
Copy of complete paper may be secured from California Tuberculosis Association.